

State/Territory: Montana

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The following limitations apply to organ transplantation services:

Services considered experimental are not a benefit of the Montana Medicaid program.

EXPERIMENTAL SERVICES include:

1. All procedures and items including prescription drugs, considered experimental by the U.S. Department of Health and Human Services as specified in Health Insurance Manual 10, HCFA, Section 35, or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in caring, preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question, but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

Standards for the Coverage of Organ Transplant Services

General requirements for Medicaid coverage of transplantations are as follows:

1. Prior Authorization
  - a. All cases presented for organ transplantation require prior authorization from the Department's designated review organization.
2. Medically Necessary
  - a. Each case receives individualized review and is evaluated for medical suitability.
    1. The medical necessity for treatment.
      - (a) The requested transplantation must not be considered to be experimental as defined in 3.1 A.
      - (b) Diagnostic confirmation by clinical and laboratory studies of the underlying pathological process.
      - (c) Clinical and physiological verification of endstage failure that is unresponsive to applied treatment regimes.

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- (d) Peer consensus that organ transplantation is the only available definitive treatment for the underlying pathological process and endstage functional failure.
- 2. Prognosis is good for living a prolonged period following the transplantation:
  - (a) No co-existing conditions that could contraindicate undertaking organ transplantation.
    - (1) No other significant organ system disease or disability.
  - (b) Availability of tissue compatible organ.
  - (c) Conduct of the procedure at a medical center of expertise providing high quality care through all necessary support systems and trained, experienced manpower.
- 3. Evaluation and treatment at a transplant center (Out of State)
  - (a) All cases undergo evaluation, study and staging at a medical center specializing in transplantation upon referral from the Department's designated peer review organization. The transplant center evaluation and study will service as a second peer review opinion.
  - (b) Treatment for a heart transplantation must be performed at a Medicare certified heart transplant center; treatment for a liver transplantation must be performed at a Medicare certified liver transplant center.
  - (c) treatment for all other organ transplantations must be performed at a transplant center.
- 4. Types of transplants that are covered for persons over the age of 21 are:
  - (a) allogenic and autologous bone marrow;
  - (b) kidney, inclusive of thoracic duct drainage and dental exam;
  - (c) cornea;
  - (d) lymphocyte immune globulin preparation.
  - The Medicaid program covers organ transplantation services for persons 21 years of age or less as determined medically necessary.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Montana

COORDINATION OF TITLE XIX WITH PART A AND PART B OF TITLE XVIII

The following method is used to provide benefits under Part A and Part B of title XVIII to the groups of Medicare-eligible individuals indicated:

A. Part B buy-in agreements with the Secretary of HHS. This agreement covers:

1. ☒ Individuals receiving SSI under title XVI or State supplementation, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

Yes ☒ No ☐

2. ☒ Individuals receiving SSI under title XVI, State supplementation, or a money payment under the State's approved title IV-a plan, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

Yes ☒ No ☐

3. ☐ All individuals eligible under the State's approved title XIX plan.

4. ☒ Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 3434 of P.L. 100-647.

B. Part A group premium payment arrangement entered into with the Social Security Administration. This arrangement covers the following groups:

Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 3434 of P.L. 100-647.

C. Payment of Part A and Part B deductible and coinsurance costs. Such payments are made in behalf of the following groups:

1. Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 3434 of P.L. 100-647.

2. All Medicare/Medicaid individuals eligible under the state approved Title XIX Plan.

3.

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